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make for a smaller number of chronic otitis media cases, but it will decrease the number of acute otitis media cases as well. In the contagious Department of the Boston City Hospital there is already a noticeable decrease in the number of cases of mastoiditis.

Inasmuch as chronic otitis media is such a broad subject for consideration, we must reluctantly pass it by and simply state that the principal danger from chronic otitis media is the extreme liability of such cases to suddenly and without warning develop into meningitis, brain abscess or the lateral sinus thrombosis. These three dreaded complications, as a rule, are brought about not by acute otitis media but by chronic otitis media.

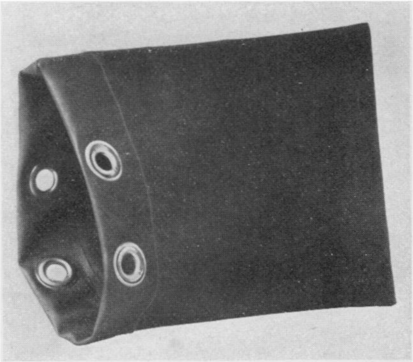
The treatment of acute and chronic otitis media will be given after the consideration of mastoiditis.

IMPROVISING HOSPITAL APPLIANCES

By MARY J. MERRIMAN, R.N.

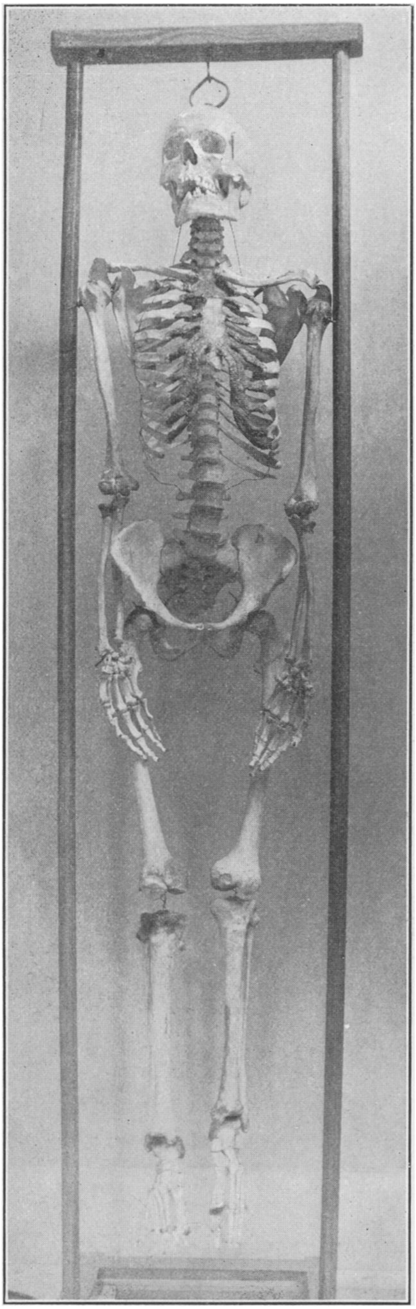
Willard, N. Y.

A rubber sheet cover for mattress. Illustration Number 1 shows a rubber sheet cover for a mattress that we have found very useful and profitable in the care of destructive and untidy patients who persist in taking off the ordinary rubber sheet, throwing it under the bed, out of the windows, etc. This is put on over the mattress, bag-like, and is laced at one end with cord, through the grommets. It is quite sanitary, as it can be easily cleansed and pulled off when the mattress is taken out for airing. Destructive patients do not tear this as they would an ordinary sheet. If the rubber sheeting is too wide for the required purpose, the excess may be used to cover sand bags, etc.



No. 1. RUBBER SHEET COVER FOR MATTRESS
(Photographed from Small Model)

Frame or standard for skeleton. The accompanying photograph shows the standard or frame that we use in our class room for the purpose of bringing before the pupils a clearer and more definite outline of the skeleton. It has been found more satisfactory than the old method of hanging the skeleton in a



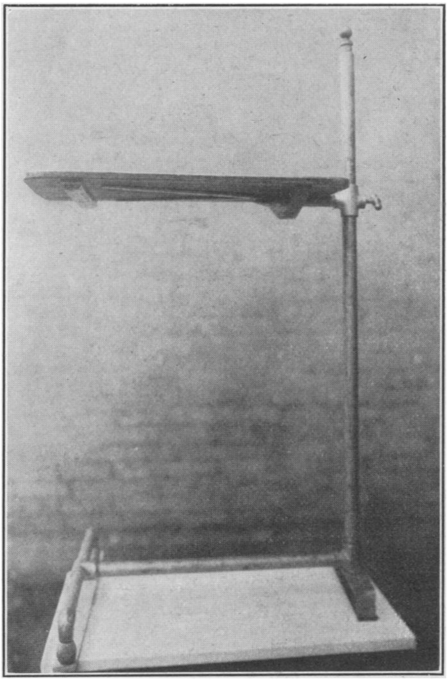
No. 2. FRAME FOR SKELETON

case or placing it on a chair or table. The standard is simple in structure, foundation 18 inches by 18 inches, height 6 feet, 9 inches, top 18 inches long. It was made in our carpenter shop and could be made in any shop for about $1. The cost is very small when we consider the advantage to teacher and pupils.

Bedside tables. The bedside table shown in the photograph is similar to those illustrated in the catalogues of hospital supplies. However, improvising has saved the hospital a great expense as there has been a large number of these tables in use for years and they have given entire satisfaction. The framework or standard is made of old, discarded gas pipes. The table proper is made of wood 15 inches by 21 inches, shellacked or painted white. The height of the table is regulated by the handle of a discarded water faucet found in the plumbing department, consequently the cost was simply the labor which was performed in our own machine shop. It is true that such articles cannot be made except in large institutions where there are shops and mechanics, nevertheless it proves the value of putting into use the material we have on hand.

The sketch of bedside table Number 2 shows a table that has proved very satisfactory and inexpensive; it was made in the hospital carpenter shop and could be made in any ordinary carpenter shop at a small cost. The sketch and dimensions show one made to use with a single bed, 30 inches wide. The table stands on the floor over the bed, and when not in use can be pushed toward the foot of bed. This makes it particularly practical for ward or dormitory use where floor space is limited. It is very firm, and being of the proper height needs no mechanical device for adjustment. It proves a most desirable table to use while doing dressings, etc. It is made entirely of wood and may be varnished or painted white.

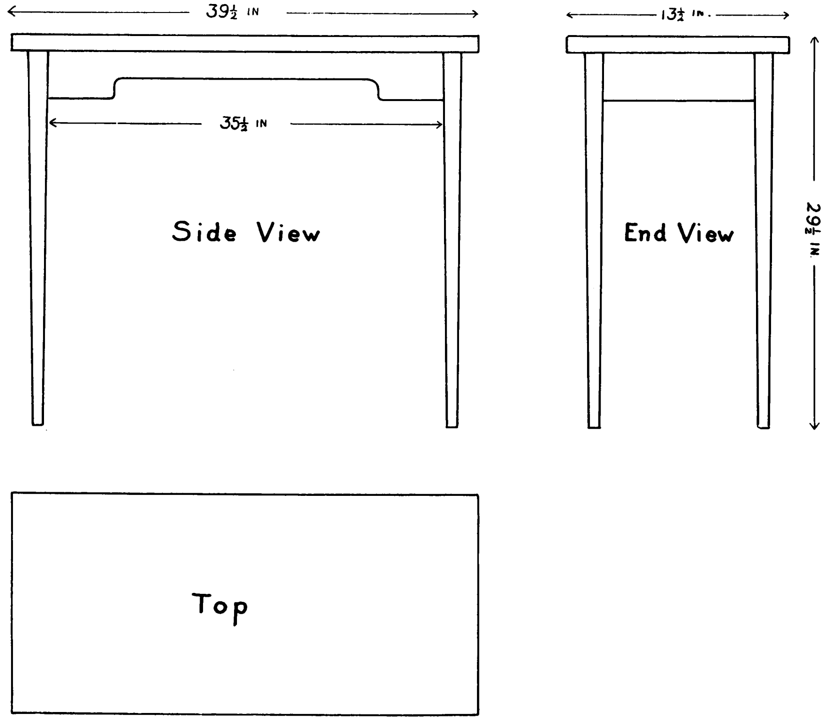
Bolster for knees when flexed. Recently I have had made in our tin shop an article that appeals to me as quite convenient. Of course, there are many better articles on the market that answer one or more of the purposes, but they are expensive, and since, for lack of funds, we cannot always buy, our watchword is "Improvise." Why should a good nurse not improvise if she can add to the comfort of her patient and lessen the burden of a family already taxed by extra expense and anxiety? The trend of the times is to prevent mental strain; why not begin in the home? For want of a better name, I have called it a bolster for the knees when flexed. If more height is needed a pillow can be placed over it. It may also be used as follows:



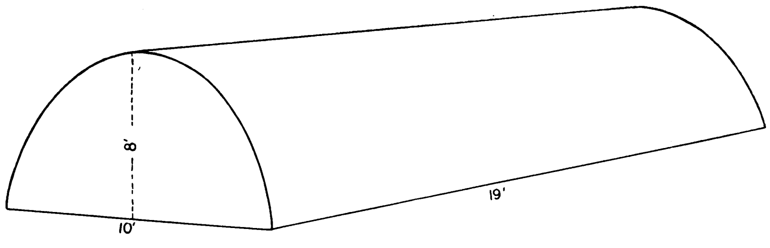
No. 3. BEDSIDE TABLE No. 1

1. Being hollow, it permits passing a bandage through and fastening to bed to prevent mattress from slipping when placing a patient in Fowler's post-operative position for drainage.
2. It can be used as a cradle for an injured leg or arm in supporting the weight of the bed clothes.
3. It would be perfectly safe and practical for an electric heater by using an asbestos pad on the board foundation and inserting a drop light in one or both ends.
4. It may also be used as a support to a patient's feet while sitting up in bed or as a foot stool while sitting in ordinary rocking chair.
5. It makes a very desirable headrest in bed, having been tested for this purpose.

The bolster is made as follows: Foundation, pine board 10 inches by 19 inches; top, ribbed tin, medium weight, curved so that greatest height is 8 inches, and fastened to the board lengthwise with small nails, leaving an opening at both ends. The top is padded with cotton, and the entire article covered with cotton flannel which can be removed and washed when necessary. The bolster may be made in any tin shop at a cost not exceeding 50 cents, padded and covered by the nurse.



No. 4. BEDSIDE TABLE No. 2



No. 5. BOLSTER